



## PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD)

### Housing Choice Voucher Section 8 Information Submission Form

#### HOUSING PROGRAM FOR WHICH YOU ARE SUBMITTING INFORMATION FOR:

( ) Section 8 Housing Choice Voucher (HCV) Program

#### GUIDELINES

1. Information Submission Forms can be submitted online during the established open registration period, from **5/13/2021 at 12:00 PM, to 5/27/2021 at 11:59 PM.**
2. Submission of this Information Submission Form does not guarantee placement on PHCD's Section 8 Housing Choice Voucher Program's Waiting List.
3. Once submissions are randomly sorted and the ranking number is assigned, families will be able to check their status through the Information Submission portal or by calling (786) 654-8440.
4. The family annual income cannot exceed the maximum eligible income limit per household as established by the U.S. Department of Housing and Urban Development (HUD).

Number of persons in Household	1	2	3	4	5	6	7	8
2021 Annual Income	\$31,650	\$36,200	\$40,700	\$45,200	\$48,850	\$52,450	\$56,050	\$59,700

#### INSTRUCTIONS

- Have ready the full names, dates of birth, and social security numbers (SSNs) of all family members of the household and identify the Head of Household (HOH).
- The HOH must be at least 18 years of age at the time of this submission.
- Family member(s) who have not been assigned a SSN, must sign a certification at the time of initial eligibility interview attesting to not having a SSN.
- Family members must meet HUD requirements on citizenship or immigration status.
- Only one (1) Information Submission Form per household will be considered. Any household that submits more than one (1) submission will have all submissions voided.
- Any application that is not fully and accurately completed will be disqualified.

#### MAINTAINING YOUR STATUS ON THE WAITING LIST

If you are selected for the waiting list, you will be notified by mail/email when your name comes to the top of the waiting list or if we are updating our files. If you do not respond to our notifications, or your letter is returned undeliverable, **YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.** If you have a change of



address, phone number, income or family size, you must notify us within 10 business days of the change. **ALL CHANGES MUST BE IN WRITING AND CAN BE COMPLETED ON THE SUBMISSION FORM PORTAL.**

*PHCD does not discriminate based on race, sex, color, religion, marital status, national origin, disability, ancestry, actual or perceived sexual orientation, gender identity or gender expression, status as a victim of domestic violence, dating violence or stalking, source of income, age, pregnancy or familial status in the access to, admissions to, or employment in housing programs or activities. If you need a sign language interpreter or materials in accessible format for this event, call 786-469-2155 at least five days in advance. TDD/TTY users may contact the Florida Relay Service at 800-955-8771.*

## SECTION 8 HOUSING CHOICE VOUCHER INFORMATION SUBMISSION

If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please notify the housing authority in writing.

### Head of Household Information

Please fill out each field completely. Every field is required.

1. Full Name: \_\_\_\_\_
2. Gender: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Birth Date (month/day/year): \_\_\_\_\_
5. Citizenship: (circle one)
  - a. Eligible Citizen (National or Naturalized);
  - b. Eligible Non-Citizen (permanent resident, refugee or asylee);
  - c. Ineligible Non-Citizen (non-legal immigration status),
  - d. Pending Verification (in process of obtaining legal immigration status)
6. Race (optional): \_\_\_\_\_
7. Ethnicity (optional): (circle one)
  - a. Hispanic or Latino
  - b. Non-Hispanic or Latino
8. Are you claiming veteran status? (circle one):
  - a. Yes



b. No

Note: PHCD, at its sole discretion, may provide an admission preference to applicants whose head or co-head of households are eligible veterans. A veteran is a person who:

1. had at least 180 days of regular active duties and was honorably discharged or released; or
2. had at least 90 days of active duty service, of which at least one (1) day of service was in a war conflict and was honorably discharged or released; or
3. served in a war conflict and was awarded a Purple Heart or became disabled, regardless of completion of days of active duty.

The veteran status extends to spouses, widows, widowers and parents of the military killed during a time of war. Those selected as Applicants claiming a veteran's preference must provide a copy of military service record, proof of service, or the discharge documents (Form DD214) of the veteran for whom the preference is claimed.

9. Mailing Address: \_\_\_\_\_

10. Phone: \_\_\_\_\_

11. Email Address: \_\_\_\_\_

**Other Household Members**

12. Family Members

Please fill out each row completely for every member of the household (other than the Head). **Do not add Head of Household in this section.**

**Household Information: Include all household members (Please print clearly and legibly on each page)**

Member	Full Name	Gender (optional)	Relationship to Head	Social Security Number (If applicable)	Date of Birth	Race (Optional)	Ethnicity (Optional)
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1							
2							
3							
4							
5							
6							
7							

**Relation Codes:**

- H = head
- S = spouse
- K = co-head
- F = foster child/foster Adult
- Y = other youth under 18
- E = full-time student 18+
- L = live-in aide
- A = other adult

**Race codes:**

- 1 = White
- 2 = Black/African American
- 3 = American Indian/Alaska Native
- 4 = Asian
- 5 = Native Hawaiian/Other Pacific Islander

**Ethnicity codes:**

- 1 = Hispanic or Latino
- 2 = Not Hispanic or Latino

**Additional Related Questions:**

Please fill out these questions. They apply to ANY member of the family.

14. Are you or any member(s) of your family disabled? \_\_\_\_\_

15. Do you or does any member of your household have a condition that requires special needs? \_\_\_\_\_

16. Are you or anyone else named on this application subject to a lifetime state sex offender registration program in any state?

If YES, you may not be eligible. \_\_\_\_\_



### Income Information for the Family

This question is required and cannot be left blank. If total family gross income per year is zero, please input a 0 in the blank.

17. What is the **total** family gross income per year? \_\_\_\_\_

Please include all income of each family member and head of household.

### **Reasonable Accommodation:**

PHCD, as a public agency that provides housing to eligible low-income families, provides reasonable accommodations for applicants and participants with disabilities. Disabled applicants and participants may request assistance completing the application by contacting the **(786) 654-8440. Please select the Waiting List option. Representatives will be available from 8:00 a.m. until 4:30 p.m. EST each day.**

### Certification of Information

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10, 000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Please initial Below:

\_\_\_\_\_ I understand that my misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for denial of assistance.

\_\_\_\_\_ I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

